

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|----------|---------|
| FEE DETERMINATION | T | 501001 | |
| O.I.P.E. CLASSIFIER | MJV (D) | 09/01/01 | |
| FORMALITY REVIEW | KC | 7-20-01 | 6/23/01 |
| RESPONSE FORMALITY REVIEW | LH | 1091 | 7-20-01 |

09-835-933

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral)... | Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
|----------|----------|
| Final | |
| Original | |
| 1 | ✓ 1/5/02 |
| 2 | ✓ ✓ |
| 3 | ✓ ✓ |
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If more than 150 claims or 10 actions
staple additional sheet here

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| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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